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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # P95000051114											
1. Corporation Name SUNCOAST SPINAL CENTER OF CLEARWATER, P.A.											
Principal Place of Business 2560 ENTERPRISE RD. CLEARWATER FL 34619			Mailing Address 2560 ENTERPRISE, EAST SUITE A CLEARWATER FL 33759 US								
2. Principal Place of Business 21 24945 US HWY 19 N Suite, Apt. #, etc. 22 NA City & State 23 CLEARWATER, FL Zip 24 33763		2a. Mailing Address 26 24945 US HWY 19 N Suite, Apt. #, etc. 27 NA City & State 28 CLEARWATER, FL Zip 29 33763		3. Date Incorporated or Qualified 06/30/1995							
25 Pinellas		30 Pinellas		4. FEI Number 59-3324064 Applied For Not Applicable							
9. Name and Address of Current Registered Agent WOLSTEIN, BRIAN G DC 2560 ENTERPRISE RD, EAST SUITE A CLEARWATER FL 33759		10. Name and Address of New Registered Agent 81 Name WOLSTEIN, BRIAN G. DC 82 Street Address (P.O. Box Number is Not Acceptable) 24945 US HWY 19 N 83 + 84 City CLEARWATER FL 85 Zip Code 33763									
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME WOLSTEIN, BRIAN G DC STREET ADDRESS 2560 ENTERPRISE RD, EAST CITY-ST-ZIP CLEARWATER FL 33759 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME BRIAN G. WOLSTEIN, D.C. 1.3 STREET ADDRESS 24945 US HWY 19 N 1.4 CITY-ST-ZIP CLEARWATER, FL 33763 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRIAN WOLSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

Daytime Phone #

CR2E034 (1/98)